

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2			/	
3	/			
4	2		/	
5	①		/	
6	⑥		/	
7	⑨		/	
8	⑩		/	
9	⑪		/	
10	⑫		/	
11	/		⑬	
12	⑬		/	
13	⑭		/	
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15			/	
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50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS